

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MI
APPLICATION YEAR: 2005

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
 - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: State of Michigan		Organizational Unit: Department of Community Health	
Address (give city, county, state and zip code) 3423 North Martin Luther King Jr. Blvd. P.O. Box 30195 Lansing, MI 48909 County: Ingham		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Douglas Paterson Tel Number: 517-335-8928	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">38-600013</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">93994</div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Children's Special Health Care Services and Matern	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of Michigan			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant 8th	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>21,273,900.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>37,317,300.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>1,000,000.00</u>		
f. Program Income	\$ <u>53,381,500.00</u>		
g. TOTAL	\$ <u>112,972,700.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Janet Olszewski		b. Title Director, Department of Community Health	c. Telephone Number 517-335-0267
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MI

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 21,273,900

A.Preventive and primary care for children:

\$ 8,747,700 (41.12%)

B.Children with special health care needs:

\$ 10,153,300 (47.73%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 561,400 (2.64%)

(The above figure cannot be more than 10%) [Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 37,317,300

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 1,000,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 53,381,500

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 13,507,900

\$ 91,698,800

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 112,972,700

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 800,000

b. SSDI: \$ 100,000

c. CISS: \$ 50,000

d. Abstinence Education: \$ 1,447,500

e. Healthy Start: \$ 627,300

f. EMSC: \$ 391,000

g. WIC: \$ 136,747,500

h. AIDS: \$ 1,176,800

i. CDC: \$ 1,844,100

j. Education: \$ 0

k. Other: \$ 0

Title X \$ 7,133,200

Title XIX \$ 67,753,900

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 218,071,300

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 331,044,000

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: HealthyStart

Row Name: Other Federal Funds - Healthy Start

Column Name:

Year: 2005

Field Note:

Title should be Preventive Block
2.

Section Number: Main

Field Name: EMSC

Row Name: Other Federal Funds - EMSC

Column Name:

Year: 2005

Field Note:

Title should be HRSA

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: MI

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 20,753,000	\$ 19,903,294	\$ 21,714,000	\$ 0	\$ 21,273,900	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 1,595,557	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 46,190,300	\$ 28,531,145	\$ 39,070,200	\$ 0	\$ 37,317,300	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 750,000	\$ 886,318	\$ 1,000,000	\$ 0	\$ 1,000,000	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 50,303,900	\$ 51,355,355	\$ 52,502,300	\$ 0	\$ 53,381,500	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 117,997,200	\$ 102,271,669	\$ 114,286,500	\$ 0	\$ 112,972,700	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 194,497,500	\$ 196,897,561	\$ 225,873,500	\$ 0	\$ 218,071,300	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 312,494,700	\$ 299,169,230	\$ 340,160,000	\$ 0	\$ 331,044,000	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))/(1-3)]

STATE: MI

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 20,928,783	\$ 20,922,557	\$ 20,627,000	\$ 21,664,698	\$ 20,580,100	\$ 21,596,187
2. Unobligated Balance (Line2, Form 2)	\$ 148,217	\$ 365,955	\$ 0	\$ 4,751,413	\$ 0	\$ 1,460,255
3. State Funds (Line3, Form 2)	\$ 35,914,800	\$ 32,947,153	\$ 37,130,300	\$ 35,451,392	\$ 37,977,000	\$ 28,782,254
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 750,000	\$ 578,812	\$ 900,000	\$ 662,638	\$ 750,000	\$ 826,911
6. Program Income (Line6, Form 2)	\$ 48,175,500	\$ 45,807,324	\$ 50,446,200	\$ 47,529,870	\$ 50,030,900	\$ 49,566,154
7. Subtotal (Line8, Form 2)	\$ 105,917,300	\$ 100,621,801	\$ 109,103,500	\$ 110,060,011	\$ 109,338,000	\$ 102,231,761
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 179,733,700	\$ 160,591,901	\$ 186,401,200	\$ 177,115,688	\$ 190,353,000	\$ 189,628,332
9. Total (Line11, Form 2)	\$ 285,651,000	\$ 261,213,702	\$ 295,504,700	\$ 287,175,699	\$ 299,691,000	\$ 291,860,093
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2002
Field Note:
Do not budget for unobligated funds. Results for underexpending.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
We expect to fully allocate our budgeted amount; however, some expenditures do not materialize resulting in the unobligated balance.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
Due to Executive Order cuts by State government.
4. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
The budgeted amount is calculated from appropriation authorization; the recognized revenue was less than the authorization resulting in the variance.
5. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2002
Field Note:
Received more than expected in Trust Fund Revenue.
6. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
Increase revenue was received resulting in increased expenditures.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MI

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 58,200	\$ 58,200	\$ 308,200	\$ 0	\$ 0	\$ 0
b. Infants < 1 year old	\$ 50,303,900	\$ 51,952,718	\$ 52,502,300	\$ 0	\$ 53,381,500	\$ 0
c. Children 1 to 22 years old	\$ 16,968,700	\$ 10,041,773	\$ 10,743,700	\$ 0	\$ 9,145,900	\$ 0
d. Children with Special Healthcare Needs	\$ 40,077,500	\$ 30,383,417	\$ 41,041,600	\$ 0	\$ 40,864,700	\$ 0
e. Others	\$ 9,936,400	\$ 9,299,192	\$ 9,019,200	\$ 0	\$ 9,019,200	\$ 0
f. Administration	\$ 652,500	\$ 536,369	\$ 671,500	\$ 0	\$ 561,400	\$ 0
g. SUBTOTAL	\$ 117,997,200	\$ 102,271,669	\$ 114,286,500	\$ 0	\$ 112,972,700	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 800,000		\$ 800,000		\$ 800,000	
b. SSDI	\$ 117,500		\$ 100,000		\$ 100,000	
c. CISS	\$ 150,000		\$ 0		\$ 50,000	
d. Abstinence Education	\$ 1,899,600		\$ 1,899,600		\$ 1,447,500	
e. Healthy Start	\$ 0		\$ 0		\$ 627,300	
f. EMSC	\$ 0		\$ 0		\$ 391,000	
g. WIC	\$ 121,386,400		\$ 136,644,900		\$ 136,747,500	
h. AIDS	\$ 1,016,800		\$ 1,176,800		\$ 1,176,800	
i. CDC	\$ 1,347,400		\$ 1,397,200		\$ 1,844,100	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Title X	\$ 6,916,200		\$ 0		\$ 7,133,200	
Title XIX	\$ 59,813,500		\$ 0		\$ 67,753,900	
HRSA, Prev. Block	\$ 0		\$ 964,700		\$ 0	
SCHIP, Title XIX , X	\$ 0		\$ 82,890,300		\$ 0	
HRSA	\$ 422,800		\$ 0		\$ 0	
Preventive Block	\$ 627,300		\$ 0		\$ 0	
III. SUBTOTAL	\$ 194,497,500		\$ 225,873,500		\$ 218,071,300	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MI

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 58,200	\$ 58,200	\$ 58,200	\$ 58,200	\$ 58,200	\$ 58,200
b. Infants < 1 year old	\$ 44,727,000	\$ 45,807,324	\$ 46,397,700	\$ 50,349,028	\$ 50,030,900	\$ 50,117,450
c. Children 1 to 22 years old	\$ 12,830,000	\$ 14,446,790	\$ 14,160,000	\$ 17,076,218	\$ 14,460,000	\$ 9,071,232
d. Children with Special Healthcare Needs	\$ 38,518,800	\$ 31,837,514	\$ 38,504,300	\$ 31,696,246	\$ 34,852,500	\$ 33,043,768
e. Others	\$ 9,736,400	\$ 8,442,836	\$ 9,936,400	\$ 10,274,816	\$ 9,936,400	\$ 9,387,035
f. Administration	\$ 46,900	\$ 29,137	\$ 46,900	\$ 605,503	\$ 0	\$ 554,076
g. SUBTOTAL	\$ 105,917,300	\$ 100,621,801	\$ 109,103,500	\$ 110,060,011	\$ 109,338,000	\$ 102,231,761

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 137,000	
c. CISS	\$ 50,000		\$ 50,000		\$ 145,500	
d. Abstinence Education	\$ 1,899,600		\$ 1,899,600		\$ 1,899,600	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 116,173,700		\$ 114,606,100		\$ 116,857,700	
h. AIDS	\$ 871,000		\$ 985,200		\$ 1,026,300	
i. CDC	\$ 920,000		\$ 920,000		\$ 950,300	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Title X	\$ 5,265,200		\$ 5,265,200		\$ 5,737,100	
Title XIX	\$ 54,454,200		\$ 62,575,100		\$ 63,599,500	
III. SUBTOTAL	\$ 179,733,700		\$ 186,401,200		\$ 190,353,000	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
State of Michigan cut Adolescent Health Program.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
The State of Michigan cut the Adolescent Health Program.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount is the amount appropriated. Revenue available was less resulting the less expenditures.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
Administration includes Processing, rent and Random Moment Sampling which were not originally budgeted.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2003
Field Note:
Cost Allocation was lower than budgeted.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MI

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 65,377,800	\$ 49,076,639	\$ 58,882,700	\$ 0	\$ 56,829,800	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 47,875,900	\$ 49,304,497	\$ 50,666,300	\$ 0	\$ 50,666,300	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 4,091,000	\$ 3,354,164	\$ 4,066,000	\$ 0	\$ 4,915,200	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 652,500	\$ 536,369	\$ 671,500	\$ 0	\$ 561,400	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 117,997,200	\$ 102,271,669	\$ 114,286,500	\$ 0	\$ 112,972,700	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MI

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 57,038,100	\$ 50,133,069	\$ 57,803,600	\$ 54,349,493	\$ 54,151,800	\$ 50,319,241
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 45,094,000	\$ 46,623,844	\$ 47,763,500	\$ 52,003,969	\$ 51,345,200	\$ 48,479,148
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,335,200	\$ 3,822,748	\$ 3,536,400	\$ 3,101,046	\$ 3,841,000	\$ 2,879,296
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 450,000	\$ 42,140	\$ 0	\$ 605,503	\$ 0	\$ 554,076
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 105,917,300	\$ 100,621,801	\$ 109,103,500	\$ 110,060,011	\$ 109,338,000	\$ 102,231,761

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
State of Michigan Budget Cuts
2. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
The State reduced the funding for the Adolescent Health Program.
3. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
State of Michigan Budget Cuts
4. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Expenditures include Random Moment, Rent and Processing. Did not include in Budget when developed.
5. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Cost allocation less than budgeted.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MI

Total Births by Occurrence: 129,687

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	128,970	99.4	116	5	5	100
Congenital Hypothyroidism	128,970	99.4	4,964	86	86	100
Galactosemia	128,970	99.4	267	1	1	100
Sickle Cell Disease	128,970	99.4	67	67	67	100

Other Screening (Specify)

Biotinidase Deficiency	128,970	99.4	451	15	15	100
Congenital Adrenal Hyperplasia (CAH)	128,970	99.4	443	4	4	100
Maple Syrup Urine Disease (MSUD)	128,970	99.4	97	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	128,970	99.4	6	5	5	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2005
Field Note:

The number of confirmed Sickle Cell Disease cases is equal to the number of presumptive cases and this is believed to be due to the methodology (HPLC), a diagnostic test with high reliability, used to perform the presumptive screen.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MI

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	55,089	89.0				
Infants < 1 year old	129,687	32.0				
Children 1 to 22 years old	2,568,695	77.6				
Children with Special Healthcare Needs	33,863	48.3	2.6	45.4	3.7	
Others	126,987	62.0				
TOTAL	2,914,321					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Data documenting sources (or lack of) insurances other than Medicaid is not available at this date.
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Data to document sources of insurance other than Medicaid is not available at this time.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Data to document sources of insurance other than Medicaid are not available at this time.
4. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Data to document sources of insurance other than Medicaid are not available at this time.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MI

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	128,398	100,534	22,212	661	4,187	17	191	596
Title V Served	128,398	100,534	22,212	661	4,187	17	191	596
Eligible for Title XIX	42,019	28,975	11,675	342	788	3	103	133
INFANTS								
Total Infants in State	129,518	101,611	22,248	669	4,180	16	191	603
Title V Served	129,518	101,611	22,248	669	4,180	16	191	603
Eligible for Title XIX	41,940	28,909	11,664	341	788	2	103	133

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	119,199	7,209	1,990	5,908	72	410	420	399
Title V Served	119,199	7,209	1,990	5,908	72	410	420	399
Eligible for Title XIX	37,084	4,354	581	3,763	26	215	164	186
INFANTS								
Total Infants in State	118,890	7,224	3,404	5,926	72	410	419	397
Title V Served	118,890	7,224	3,404	5,926	72	410	419	397
Eligible for Title XIX	37,020	4,339	581	3,752	26	214	163	184

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MI

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-262-4784</u>	<u>800-262-4784</u>	<u>(800) 262-4784</u>	<u>(800) 262-4784</u>	<u>(800) 262-4784</u>
2. State MCH Toll-Free "Hotline" Name	<u>800-26-BIRTH</u>	<u>800-26-BIRTH</u>	<u>(800) 26-BIRTH</u>	<u>(800) 26-BIRTH</u>	<u>(800) 26-BIRTH</u>
3. Name of Contact Person for State MCH "Hotline"	<u>Douglas Paterson</u>	<u>Douglas Paterson</u>	<u>Douglas Paterson</u>	<u>Douglas Paterson</u>	<u>Douglas Paterson</u>
4. Contact Person's Telephone Number	<u>517-335-8928</u>	<u>517-335-8928</u>	<u>(517) 335-8928</u>	<u>(517) 335-8928</u>	<u>(517) 335-8928</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u></u>	<u></u>	<u>8,155</u>	<u>7,232</u>	<u>9,122</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MI

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-788-7889</u>	<u>800-788-7889</u>	<u></u>	<u></u>	<u>(800) 359-3722T.D.D.(80</u>
2. State MCH Toll-Free "Hotline" Name	<u>Family Phone Line</u>	<u>Family Phone Line</u>	<u></u>	<u></u>	<u>Family Support Network</u>
3. Name of Contact Person for State MCH "Hotline"	<u>Mary Marin</u>	<u>Mary Marin</u>	<u></u>	<u></u>	<u>Mary Marin</u>
4. Contact Person's Telephone Number	<u>517-241-7197</u>	<u>517-241-7197</u>	<u></u>	<u></u>	<u>(517) 241-7197</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>41,780</u>	<u>46,051</u>	<u>53,990</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: MI

1. State MCH Administration:
(max 2500 characters)

Michigan's MCH program is administered by the Department of Community Health through the Bureau of Children and Family Programs. Services under the authority of the Bureau of Children and Family Programs include Children's Special Health Care Services, the Division of Family and Community Health, Mental Health Services to Children and Families, and the WIC Program. The Division of Family and Community Health has responsibility for family planning, adolescent health, oral health, childhood lead poisoning prevention, prenatal care, prenatal care wraparound services, child health, newborn hearing screening and MCH HIV/AIDS. The Bureau of Children and Family Programs is a unit in the Health Services Administration. The Newborn Screening and Hereditary Disorders Program is a part of the Bureau of Epidemiology, a unit within Health Administration.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 21,273,900
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 37,317,300
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 1,000,000
7. Program Income (Line 6, Form 2)	\$ 53,381,500
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 112,972,700

9. Most significant providers receiving MCH funds:

Local Public Health departments
Specialty Care Providers
Community Non-profit agencies

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	55,089
b. Infants < 1 year old	129,687
c. Children 1 to 22 years old	2,568,695
d. CSHCN	33,863
e. Others	126,987

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

CSHCS Medical Care and Treatment - Medical care and treatment includes a wide range of services such as physician care, hospitalization, pharmaceuticals, special therapies and durable medical equipment, home health nursing, and orthotics/prosthetics. Services are provided through an approved list of providers including physicians, clinics, hospitals and home health agencies and qualified health plans (managed care). Early Childhood Comprehensive Systems Project is a component of the Governor's Great Start Initiative involving state agencies, the Ready to Succeed Partnership, Healthy Child Care Michigan Project, other public and private organizations and citizens. Partners will use research-based, technology supported methods to collaboratively assess needs, select priorities and formulate outcomes and indicators of success for early childhood.

b. Population-Based Services:

(max 2500 characters)

SIDS - SIDS services include counseling of families who experience a SIDS death and payment for autopsies on a child under 1 year of age whose death was sudden and unexpected. Newborn Screening - All newborns are screened for seven disorders: PKU, MSUD, hypothyroidism, galactosemia, biotinidase deficiency, sickle cell anemia, and congenital adrenal hyperplasia. Components of the program include regional coordination and training in all maternity hospitals, centralized laboratory testing and follow-up, and contracted medical management. Hearing and Vision Screening - This program screens preschool and school-age children for hearing and vision problems. Local agencies are trained to conduct the testing and provide referral and follow-up, including to CSHCS otology clinics, and community education.

c. Infrastructure Building Services:

(max 2500 characters)

The Pregnancy Risk Assessment Monitoring System is a study of risk factors among women related to birth outcomes. Data is gathered through interviews with new mothers by registered nurses trained in interview techniques. The information collected includes use of birth control and prenatal care, plans for breastfeeding, use of tobacco and alcohol during pregnancy, exposure to smoke, and access to and use of information on infant care such as the importance of sleep position. Most of the data obtained through the PRAMS study are not available from any other source. The study is funded by CDC.

12. The primary Title V Program contact person:

Name	Douglas Paterson
Title	Director, Bureau of Children & Family Programs
Address	Michigan Department of Community Health 3423 North I
City	Lansing

13. The children with special health care needs (CSHCN) contact person:

Name	Kathleen Stiffler
Title	Director, Children's Special Health Care Services Plan I
Address	Michigan Department of Community Health Medical Ser
City	Lansing

State _____ MI
Zip _____ 48909
Phone _____ (517) 335-8928
Fax _____ (517) 335-8294
Email _____ patersond@michigan.gov
Web _____ www.michigan.gov/mdch/

State _____ MI
Zip _____ 48909
Phone _____ (517) 335-5008
Fax _____ (517) 241-8970
Email _____ StifflerK@michigan.gov
Web _____ www.michigan.gov/mdch/

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MI

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				100	100
Annual Indicator				100.0	100.0
Numerator				194	196
Denominator				194	196
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				61.3	61.3
Annual Indicator				61.3	61.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	64	67	70	73	73
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective				55.8	55.8
Annual Indicator				55.8	55.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	58	61	64	67	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective				66.5	66.5
Annual Indicator				66.5	66.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				75.7	75.7
Annual Indicator				75.7	75.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	79	83	87	91	91
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				5.8	5.8
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	7	8	9	9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	86	90	90	92	85
Annual Indicator	75.8	73.7	70.0	81.6	81.5
Numerator	153,136	147,032	185,408	166,523	158,336
Denominator	202,026	199,500	264,680	204,072	194,277
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	87	89	91	91	91
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	25.1	23.1	22.4	21.7	18
Annual Indicator	23.8	22.0	20.4	18.4	18.5
Numerator	4,750	4,607	4,263	3,847	3,870
Denominator	199,745	209,108	209,108	209,108	209,108
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	18	17.8	17.6	17.4	17.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	31	33	35	37	39
Annual Indicator	31.9	32.5	33.2	33.0	33.4
Numerator	46,950	43,992	43,790	42,516	41,889
Denominator	147,177	135,361	132,017	128,835	125,417
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	41	43	45	47	47
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	4.9	4.7	4.6	4.4	3.5
Annual Indicator	4.4	4.7	3.5	3.7	4.1
Numerator	87	102	75	79	88
Denominator	1,978,969	2,164,198	2,164,198	2,164,198	2,164,198
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.1	4.1	4	4	3.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	59.6	60	62	69.4	69.9
Annual Indicator	66.9	63.1	68.8	NaN	NaN
Numerator	89,264	85,846	91,674	0	0
Denominator	133,429	136,048	133,247	0	0
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	70.5	71	71.6	72.2	72.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	50	65	90	95	100
Annual Indicator	48.4	73.1	80.7	92.6	92.3
Numerator	64,650	97,853	106,633	119,094	118,270
Denominator	133,649	133,815	132,152	128,624	128,131
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7.3	6	4.6	3.6	6.8
Annual Indicator	5.6	6.7	8.1	6.9	NaN
Numerator	142,890	173,916	196,000	175,117	0
Denominator	2,551,615	2,595,767	2,427,000	2,541,611	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6.7	6.5	6.4	6.3	6.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	78.5	80	88.3	88.7	89.1
Annual Indicator	86.9	87.9	80.7	83.2	82.5
Numerator	701,416	709,508	707,856	707,036	739,523
Denominator	807,491	807,491	877,338	849,639	896,104
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	84.2	86	87.8	89.7	91.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
Annual Indicator	1.7	1.6	1.7	1.6	1.7
Numerator	2,238	2,133	2,222	2,103	2,193
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	9.3	9	9	8.7	8.7
Annual Indicator	8.8	6.9	8.8	8.0	6.8
Numerator	61	50	63	58	49
Denominator	691,924	719,867	719,867	723,088	723,080
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.4	8.4	8.1	8.1	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	84.8	85	85	85.2	88
Annual Indicator	76.7	88.0	86.5	87.0	87.0
Numerator	1,707	1,856	1,921	1,829	1,907
Denominator	2,226	2,109	2,222	2,103	2,193
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	88	88	88	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	84.3	85	85.7	85.9	85.9
Annual Indicator	80.5	80.4	82.9	83.9	84.2
Numerator	107,438	109,346	110,501	108,653	109,221
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	85.9	86.6	87.8	89	90.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Infant mortality rate of live births

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			7.5	7.4	8.1
Annual Indicator	8.0	8.2	8.0	8.1	8.5
Numerator	1,071	1,112	1,066	1,054	1,104
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.9	7.8	7.7	7.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Maternal mortality ratio in Black women

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			6.4	17	16
Annual Indicator	12.6	16.6	17.0	27.0	35.8
Numerator	3	4	4	6	8
Denominator	23,850	24,069	23,494	22,248	22,326
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	26.4	25.7	25.1	24.5	23.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of low birthweight births (<2500 grams) among live births.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective			6.6	6.5	8.1
Annual Indicator	8.0	7.9	8.0	8.0	8.2
Numerator	10,703	10,706	10,714	10,403	10,631
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.9	7.8	7.7	7.6	7.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of preterm births (<37 weeks gestation) among live births

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective			9.1	8.8	11.2
Annual Indicator	10.8	10.9	11.3	11.3	11.1
Numerator	14,368	14,833	15,017	14,625	14,449
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	11.1	11	11	10.9	10.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of live births resulting from unintended pregnancies.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			37.7	40.1	39.6
Annual Indicator	39.8	37.5	40.6	NaN	NaN
Numerator	53,105	51,015	54,098	0	0
Denominator	133,429	136,048	133,247	0	0
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	39.2	38.7	38.2	37.8	37.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of repeat live births to unwed mothers 15-19 years of age

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			16.6	16.0	16.2
Annual Indicator	19.4	19.7	16.4	18.9	17.5
Numerator	2,419	2,395	2,210	2,019	1,873
Denominator	12,482	12,177	13,438	10,670	10,700
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	17.3	17.1	16.9	16.7	16.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Increase the percent of CSHCS beneficiaries enrolled in a managed care Special Health Plan

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective			20.0	35.0	30
Annual Indicator	3.5	7.1	13.2	28.0	30.0
Numerator	942	2,045	4,270	5,664	6,293
Denominator	26,763	28,908	32,303	20,250	21,000
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Increase the utilization of dental services by CSHCS beneficiaries (CSHCS reimbursed)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective			20.0	15	16
Annual Indicator		14.9	14.0	14.3	15.2
Numerator		4,320	4,508	5,060	5,164
Denominator		28,908	32,303	35,364	33,863
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 18

Increase the percent of Medicaid enrolled children, 0-6 years of age, who receive lead screening

Annual Objective and Performance Data

	1999	2000	2001	2002	2003
Annual Performance Objective			4.3	4.3	25
Annual Indicator	16.5	17.9	19.9	17.7	18.8
Numerator	45,281	52,946	61,914	58,574	65,078
Denominator	274,813	296,312	310,516	330,421	346,239
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	25	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
2. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
Neither actual or estimated immunization data is currently available for 2003. National Immunization Survey data is used and will become available later in the year.
7. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Data source for 2003 is the Oral Health Validation Survey, May-July, 2003
8. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were adjusted for the following years (2004-2008) based on the data reported for the prior years (including preliminary data for 2003).
9. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
For the 2000 calculation, the numerator was from PRAMS and thus the percent changed by using as the denominator the total number of live births (higher than PRAMS estimate). For 2001 calculation, the PRAMS estimated percent was considered and the numerator was calculated based on the number of total live births reported.
10. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Michigan utilizes estimates of uninsured data developed by EBRI based on the Current Population Survey of March 2003. An annual update will be completed later in the year.
The annual performance objectives for 2003 and for the following years were changed based on the data reported for the prior years (1999-2002).
11. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives for the following years (2004-2008) were re-calculated based on the data reported for the prior years (1999-2002).

12. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives for the following years were changed/adjusted based on the data reported for the prior years (1999-2003).
13. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
There is an increase of IMR in 2003 but the data is very preliminary. Therefore, given our goal to decrease it, the annual performance objectives for the following years (2004-2008) were re-calculated based on the final data reported for 1999-2002.
14. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives for the following years were re-calculated based on the final data reported for 1999-2002 given that 2003 is very preliminary (both, the numerator and the denominator).
15. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were re-calculated based on the final data reported for 1999-2002, given that 2003 data is very preliminary.
16. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were re-calculated based on the data reported for 1999-2003.
17. **Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2005
Field Note:
In 2000 the numerator considered was from PRAMS and therefore the percent was lower when the total number of live births was used as denominator. The calculation for 2001 considered the percent estimated by PRAMS and the numerator was calculated based on the total live births reported. The targets for 2002-2008 were changed based on the data reported for 1999-2001.
18. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives for 2004-2008 were calculated based on the data reported for 1999-2003.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MI

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7.7	7.5	7.5	7.4	8.1
Annual Indicator	8.0	8.2	8.0	8.1	8.5
Numerator	1,071	1,112	1,066	1,054	1,104
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.9	7.8	7.7	7.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2.5	2.3	2.5	2.4	2.4
Annual Indicator	3.0	3.0	2.8	3.1	2.6
Numerator	17.9	18.2	16.9	18.4	17.5
Denominator	5.9	6.1	6.1	6	6.7
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.4	2.4	2.3	2.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	4.7	4.5	4.5	4.5	4.5
Annual Indicator	5.5	5.7	5.5	5.6	5.9
Numerator	729	777	729	719	767
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.6	5.5	5.5	5.4	5.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2.6	2.5	2.5	2.5	2.5
Annual Indicator	2.6	2.5	2.5	2.6	2.6
Numerator	342	335	337	335	337
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.5	2.5	2.5	2.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.2	9	8.8	8.7	8.6
Annual Indicator	10.2	10.5	10.3	10.1	9.9
Numerator	1,366	1,440	1,374	1,318	1,286
Denominator	134,213	136,835	134,033	130,266	130,244
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.8	9.8	9.7	9.6	9.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25.3	25	24.7	24.7	24.5
Annual Indicator	23.1	21.6	21.2	21.2	20.1
Numerator	457	439	432	431	409
Denominator	1,978,969	2,033,010	2,033,010	2,033,010	2,033,010
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	19.4	18.8	18.1	17.5	16.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
There is an increase of IMR in 2003 but the data is very preliminary. Therefore, given our goal to decrease it, the annual performance objectives for the following years (2004-2008) were re-calculated based on the final data reported for 1999-2002.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were changed based on the data reported for 1999-2003.
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were changed based on the data reported for the prior years (1999-2002). 2003 data is very preliminary yet.
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were changed based on the data reported for 1999-2002. 2003 data is considered preliminary.
5. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were changed based on the data reported for 1999-2003.
6. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
The annual performance objectives were changed based on the data reported for 1999-2003.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MI

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 17

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MI FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the racial disparity between black and white infant mortality
2. Reduce the numbers of maternal deaths in the black population
3. Reduce the percent of preterm births and births with low birth weight with emphasis on the black population
4. Reduce the percentage of unintended and teen pregnancies with emphasis on repeat live births to unwed teen mothers
5. Establish a medical home and increase care coordination for children with special health care needs.
6. Improve and assure appropriate access to health services, including oral health services, that are focused on children with special health care needs. Increase number of dentists willing and able to serve special needs pop.
7. Improve the capacity for newborn hearing screening and assure communication with appropriate systems of followup when indicated.
8. Increase the testing* rate of low income children for lead poisoning
9. Increase the rate of breastfeeding
10. Reduce the rates of childhood injury

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MI

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	None	NA	NA
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MI

SP # 1

PERFORMANCE MEASURE:

Infant mortality rate of live births

STATUS:

Active

GOAL

To reduce the number of infant deaths.

DEFINITION

Numerator:

Number of deaths to infants from birth through 364 days of age

Denominator:

Number of live births

Units: 1000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division for Vital records and Health Statistics, MDCHINFANT MORTALITY RATE (1/1,000 LIVE BIRTHS) 1996 1997 1998 1999 2000 Infant mortality rate 8.0 8.1 8.2 8.0 8.2 (1/1,000) Non-Hispanic White 5.9 6.0 6.2 5.8 5.9 Non-Hispanic Black 17.4 17.5 16.7 17.9 18.2

SIGNIFICANCE

Baseline: 8.2 infant deaths per thousand of live births in Michigan, 2000. Higher than national average and 80% higher than the Healthy People 2010 objective. A significant racial disparity exists.

SP # 2

PERFORMANCE MEASURE:

Maternal mortality ratio in Black women

STATUS:

Active

GOAL

To reduce the maternal mortality ratio in Black women

DEFINITION

Numerator:

Number of deaths to Black women while pregnant or within 42 days of termination from a cause related or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Denominator:

Number of live births to Black women

Units: 100000 **Text:** ratio

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division for Vital Records and Health Statistics, MDCHMATERNAL MORTALITY RATIO (100,000 LIVE BIRTHS) 1996 1997 1998 1999 2000Mortality ratio 3.9 9.3 6.2 8.2 6.6(1/100,000)Number by race White* 2 6 2 8 5Black* 3 6 5 3 4

SIGNIFICANCE

Baseline: 6.6 maternal deaths per 100,000 live births in Michigan, 2000. A significant racial disparity exist with maternal deaths. The number of maternal deaths in Black women contributed a big portion of the overall maternal mortality ratio in Michigan.

SP # 3

PERFORMANCE MEASURE:

Percent of low birthweight births (<2500 grams) among live births.

STATUS:

Active

GOAL

To reduce the number of live births with low birthweight

DEFINITION

Numerator:

Number of live births with birthweight less than 2500 grams

Denominator:

Number of live births

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division for Vital Records and Health Statistics, MDCHPERCENT OF LIVE BIRTHS WITH LOW BIRTH WEIGHT (LESS THAN 2500 GRAMS) 1996 1997 1998 1999 2000 N % N % N % N % N %Total 10228 7.7 10335 7.8 10468 7.9 10703 8.0 10706 7.9Non-Hispanic White 6384 6.4 6439 6.6 6424 6.5 6393 6.5 6385 6.4Non-Hispanic Black 3270 13.6 3194 13.3 3336 13.9 3495 14.7 3508 14.6American Indian 43 6.1 44 6.0 47 6.8 45 6.7 38 6.0Asian/Pacific Islander 148 6.1 214 7.7 231 7.7 280 8.4 244 6.7Hispanic 307 6.1 365 6.7 389 6.5 415 6.7 431 6.2

SIGNIFICANCE

Baseline: 7.9 percent of live births weight (less than 2,500 grams) in Michigan, 2000. The percent of live births with low birthweight for Non-Hispanic Black live birhs is twice that for Non-Hispanic White live births and all other racial groups.

SP # 4

PERFORMANCE MEASURE:

Percent of preterm births (<37 weeks gestation) among live births

STATUS:

Active

GOAL

To reduce the percentage of preterm births (less than 37 weeks of gestational age)

DEFINITION

Numerator:

Number of preterm infants with less than 37 weeks of gestational age

Denominator:

Number of live infants

Units: 100 Text: percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division for Vital Records and Health StatisticsMichigan Department of community HealthPERCENT OF PRETERM INFANTS (LESS THAN 37 WEEKS OF GESTATIONAL AGE) 1996 1997 1998 1999 2000 N % N % N % N % N %Total 13778 10.3 14319 10.7 14646 11.0 14368 10.8 14833 10.9Non-Hispanic White 8919 8.9 9277 9.3 9561 9.6 9326 9.5 9579 9.6Non-Hispanic Black 3985 16.6 4019 16.6 4033 16.7 3985 16.8 4023 16.8American Indian 77 9.9 85 11.7 84 12.1 68 10.1 72 11.4Asian/Pacific Islander 219 9.1 264 9.5 299 10.0 297 8.9 342 9.4Hispanic 505 10.0 597 11.0 636 10.7 627 10.1 722 10.4

SIGNIFICANCE

Baseline: 10.9 percent of pre-term births among all live births in Michigan 2000. The current percent of preterm births is about 45% higher than the Healthy People 2010 objective. The percent of pre-term infants for Non-Hispanic Black is 1.7 times that for Non-Hispanic White, and much higher than other racial groups.

SP # 5

PERFORMANCE MEASURE:

Percent of live births resulting from unintended pregnancies.

STATUS:

Active

GOAL

To reduce the percent of live births resulting from unintended pregnancies

DEFINITION

Number of live births resulting from unintended pregnancies divided by total number of live births multiplied by 100.

Numerator:

Number of live births which result from unintended pregnancies

Denominator:

Number of live births

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pregnancy Risk Assessment Monitoring System (PRAMS)Michigan Department of Community Health PERCENT OF LIVE BIRTHS RESULTED FROM UNINTENDED PREGNANCIES 1996 1997 1998 1999 2000Unintended pregnancies 43.1% 43.2% 41.8% 39.8% 40.2%RACEBlack 71.0% 69.0% 68.2% 67.9% 64.0%Non-Black 37.0% 38.4% 37.0% 35.0% 35.8% AGE< 20 84.3% 81.3% 73.7% 86.1% 70.7%20 - 29 42.6% 44.9% 46.0% 41.0% 42.2%30 + 28.1% 27.2% 22.6% 24.8% 27.1%

SIGNIFICANCE

Baseline:40.2 percent of live births resulting from unintended pregnancies in Michigan, 2000. Significant disparities between racial and age groups.

SP # 6

PERFORMANCE MEASURE:

Percent of repeat live births to unwed mothers 15-19 years of age

STATUS:

Active

GOAL

To reduce the percent of repeat live births to unwed mothers 15-19 years of age

DEFINITION

Numerator:

Number of repeat live births to unwed mothers 15 through 19 years old

Denominator:

Number of live infants to unwed mothers 15 through 19 years old

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division for Vital Records and Health Statistics, Michigan Department of Community Health
PERCENT OF REPEAT LIVE BIRTHS TO UNWED MOTHERS (15 THROUGH 19 YEARS OLD) 1996 1997 1998 1999 2000 N % N % N % N % N %
Total 2762 19.6 2683 20.1 2644 19.7 2419 19.4 2395 19.7
Non-Hispanic White 1030 13.6 1039 14.3 1069 14.4 975 14.1 1016 15.2
Non-Hispanic Black 1521 28.1 1435 28.0 1337 27.2 1203 26.9 1151 26.3
American Indian 29 20.1 22 18.6 19 15.7 32 29.9 21 20.4
Asian/Pacific Islander 9 13.6 9 14.1 11 13.3 16 19.0 15 18.3
Hispanic 166 20.1 168 22.5 199 24.2 181 21.8 182 21.8

SIGNIFICANCE

Baseline: 19.7 percent of live births to unwed teen mothers were repeat births in Michigan, 2000. The percent of repeat live births to unwed Non-Hispanic Black mothers is much higher than other racial groups.

SP # 7

PERFORMANCE MEASURE:

Increase the percent of CSHCS beneficiaries enrolled in a managed care Special Health Plan

STATUS:

Active

GOAL

To increase the percent of CSHCS beneficiaries enrolled in a managed care Special Health Plan

DEFINITION

Number of CSHCS beneficiaries enrolled in a Special Health Plan divided by the total number of CSHCS-enrolled beneficiaries living in counties with active SHPs times 100.

Numerator:

Number of CSHCS beneficiaries enrolled in a Special Health Plan

Denominator:

Total number of CSHCS-enrolled beneficiaries living in counties with active SHPs

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCS DivisionMichigan Department of Community Health

SIGNIFICANCE

Enrollment into SHPs promotes establishing a medical home for CSHCS beneficiaries and increases care coordination

SP #	8
PERFORMANCE MEASURE:	Increase the utilization of dental services by CSHCS beneficiaries (CSHCS reimbursed)
STATUS:	Active
GOAL	To increase the utilization of dental services by CSHCS beneficiaries (CSHCS reimbursed)
DEFINITION	<p>Numerator: Number of CSHCS beneficiaries who received dental services reimbursed by CSHCS</p> <p>Denominator: Total number of CSHCS beneficiaries</p> <p>Units: 100 Text: percentage</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	CSHCS DivisionMichigan Department of Community Health
SIGNIFICANCE	

SP # 18

PERFORMANCE MEASURE:

Increase the percent of Medicaid enrolled children, 0-6 years of age, who receive lead screening

STATUS:

Active

GOAL

To increase the percent of Medicaid enrolled children 0-6 years of age who receive lead screening

DEFINITION

Numerator:

Number of Medicaid enrolled children 0-6 years of age who receive lead screening

Denominator:

Total number of Medicaid enrolled children 0-6 years of age

Units: 100 **Text:** percentage

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Division of Family and Community HealthMichigan Department of Community Health

SIGNIFICANCE

In 2001, there were 52,946 (17.9%) among 296,312 Medicaid enrolled children 0 to 5 years of age received lead screening.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MI

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	40.1	48.1	49.4	45.4	NaN
Numerator	2,698	3,230	3,319	3,010	0
Denominator	672,872	672,005	672,005	663,586	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	62.8	72.0	72.9	79.4	79.7
Numerator	32,940	40,507	43,554	47,957	49,578
Denominator	52,469	56,238	59,718	60,392	62,203
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	74.5	74.2	77.2	77.5	77.6
Numerator	99,042	100,954	102,888	100,408	100,744
Denominator	133,027	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	32.5	31.9	40.5	42.6	44.2
Numerator	60,003	57,207	73,264	79,193	84,001
Denominator	184,572	179,241	181,106	185,858	190,029
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	19.3	21.4	24.1	25.6	23.7
Numerator	5,770	6,247	6,961	7,517	7,293
Denominator	29,950	29,180	28,850	29,340	30,808
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

- 1. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Unexpected problems have resulted in MI Child service data not yet available in Michigan.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MI

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Payment source from birth certificate	<u>9.7</u>	<u>7.1</u>	<u>8</u>
b) Infant deaths per 1,000 live births	2002	Payment source from birth certificate	<u>10.6</u>	<u>6.6</u>	<u>8.1</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Payment source from birth certificate	<u>72.8</u>	<u>89.7</u>	<u>83.9</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Payment source from birth certificate	<u>70</u>	<u>81.6</u>	<u>77.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: MI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>150</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: MI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MI

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	8.0	7.9	8.0	8.0	8.2
Numerator	10,703	10,706	10,714	10,403	10,631
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.3	6.2		6.2	
Numerator	8,076	8,184		7,727	
Denominator	128,899	131,607		124,941	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.7	1.6	1.7	1.6	1.7
Numerator	2,238	2,133	2,222	2,103	2,193
Denominator	133,429	136,048	133,247	129,518	129,758
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.3	1.2		1.2	
Numerator	1,638	1,568		1,535	
Denominator	128,899	131,607		124,941	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	10.8	11.1		10.5	
Numerator	229	240		228	
Denominator	2,112,114	2,164,198		2,164,198	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	4.3	4.7	3.5	3.7	4.1
Numerator	90	102	75	79	88
Denominator	2,112,114	2,164,198	2,164,198	2,164,198	2,164,198
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	23.0	24.7		24.0	
Numerator	308	337		327	
Denominator	1,337,568	1,363,706		1,363,706	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	215.3	213.8			
Numerator	4,548	4,628			
Denominator	2,112,114	2,164,198			
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	42.6	36.7			
Numerator	899	795			
Denominator	2,112,114	2,164,198			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	162.5	138.7			
Numerator	2,173	1,891			
Denominator	1,337,568	1,363,706			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	22.0	22.8			
Numerator	7,486	7,992			
Denominator	339,865	351,139			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	5.7	6.6			
Numerator	10,500	11,892			
Denominator	1,856,385	1,804,264			

Is the Data Provisional or Final?

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,054	611	410	6	15	0	0	12
Children 1 through 4	151	96	53	0	1	0	0	1
Children 5 through 9	120	75	43	1	1	0	0	0
Children 10 through 14	160	116	43	1	0	0	0	0
Children 15 through 19	452	346	95	4	6	0	1	0
Children 20 through 24	612	403	196	7	6	0	0	0
Children 0 through 24	2,549	1,647	840	19	29	0	1	13

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	984	59	11
Children 1 through 4	142	8	1
Children 5 through 9	114	6	0
Children 10 through 14	150	10	0
Children 15 through 19	429	23	0
Children 20 through 24	590	22	0
Children 0 through 24	2,409	128	12

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MI

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None